

Race/Ethnic Differences in Reports and Ratings of Health Care

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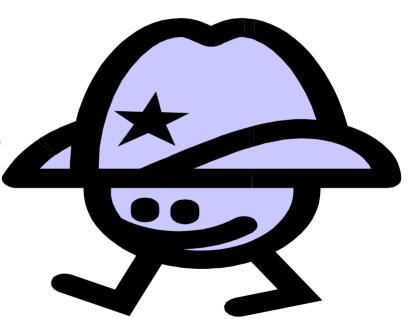




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Spanish language Hispanics have negative experiences with care



- More negative perceptions of provider communication than reported by Latino/English or non-Hispanic white respondents among 6,911 adults (Morales et al., 1999)
- More negative perceptions of adult and children's care than non-Hispanic whites
 - 9,540 children for CAHPS® 1.0 (Weech-Maldonado et al., 2001)
 - 49,327 adults in Medicaid for CAHPS® 2.0 (Weech-Maldonado et al., 2003)
 - → National CAHPS® Benchmarking Database



Asians tend to have most negative perceptions of care



- Especially Asians that speak a language other than English
 - 6,911 Unified Medical Group Association patients
 - 72% of Asians vs. 55% whites believed improvement needed in obtaining treatment (Snyder et al., 2000)
 - National CAHPS® Benchmarking Database
 - 28,354 adults and 9,540 children for CAHPS® 1.0
 - 49,327 adults in Medicaid for CAHPS® 2.0
 - 120,855 Healthcare Market Guide respondents (Haviland et al., 2003)

Differences in reports greater than for ratings



- Asian adults reported worse experiences with care but similar global ratings compared to whites in commercial and Medicaid plans (Morales et al., 2001)
- Worse reports of care but similar global ratings for Asian children compared to whites in Medicaid managed care (Weech-Maldonado et al., 2001)



Within plan differences account for majority of race/ethnic differences



- African Americans, Hispanic-Spanish speakers, American Indians/whites and whites speaking a non-English language more likely than white-English language speakers to be clustered in worse plans.
- But within plan differences in race exceeded between plan differences.

Weech-Maldonado et al. (2004)



Medicare Managed Care



- **2002 CAHPS Medicare Managed Care survey**
- Respondents
 - Response rate (unadjusted): 82%
 - 125,369 adults enrolled in 181 Medicare managed care plans across the US
 - 8,463 Hispanics (7%)
 - → 7,110 English speakers
 - → 1,353 Spanish speakers
 - 13,264 Other racial/ethnic minorities (11%)



Independent Variables



- Race/ethnicity
 - White
 - Hispanic or Latino
 - Black or African American
 - Asian
 - Pacific Islanders
 - American Indian/Alaskan Native
 - American Indian/White
 - Black/White
 - Other
 - Missing

- Hispanic language subgroups based on survey language
 - Hispanic English
 - Hispanic Spanish
- Case Mix Variables
 - Age
 - Health status
 - Education
 - Gender
- Medicaid/Medicare dually eligible



Data Analysis



- Ordinary least squares regression
 - Reports = f (race/ethnicity, Hispanic language, case mix)
- Standard errors adjusted for the clustered nature of the data (using the Huber/White correction)



Summary Table



	Composites							
	Timeliness	Provider Comm.	Staff Helpful	Plan Service	Access MDs	Home Health	Medicines	Awareness
Hispanic English	-6.0		-2.0	-2.6	-5.5	-9.8	-3.9	-0.8
Hispanic Spanish	-6.8	-2.8	-3.4		3.6	THRE	-4.5	-2.3

Comparison group- Whites. Beta coefficients shown if p< 0.05 level.

Ethnicity Results



- Hispanic English reported worse experiences with care than whites for all dimensions except provider communication
- Hispanic Spanish reported worse experiences with care than whites for 5 dimensions of care (timeliness, communication, staff helpfulness, prescriptions, and awareness), but better perceptions of getting needed care



Language Results



- Spanish speakers had worse reports about provider communication than English speakers
- Spanish speakers had more positive reports than English speakers for getting needed care and access to home health care



Variation by State



- Spanish speakers in NY/NJ, CA, and other states had worse reports about doctor communication and staff helpfulness than English speakers, but English and Spanish Hispanics in FL did not differ.
- Spanish speakers in Florida had more positive reports of communication and staff helpfulness than Spanish speakers in other states.



True differences or response "bias"



- 2 of 9 rating items displayed differential item functioning between Hispanics and non-Hispanic whites (Morales et al. 2000)
- Support for equivalence of CAHPS® 1.0 data for Hispanics and non-Hispanic whites (Marshall et al., 2001)
- Similar reliability and construct validity for English and Spanish language respondents to CAHPS® 2.0 survey (Morales et al., 2003)



References (1 of 2)



- Morales, L. S., Cunningham, W. E., Brown, J. A., Liu, H., & Hays, R. D. (1999). Are Latinos less satisfied with communication from health care providers? <u>Journal of General Internal Medicine</u>, <u>14</u>, 409-417.
- Morales, L., Reise, S., & Hays, R.D. (2000). Evaluating the equivalence of health care ratings by whites and Hispanics. <u>Medical Care</u>, 38, 517-527.
- Snyder, R., Cunningham, W., Nakazono, T. T., & Hays, R. D. (2000). Access to medical care reported by Asians and Pacific Islanders in a West Coast physician group association. <u>Medical Care Research and Review</u>, <u>57</u>, 196-215.
- Morales, L. S., Elliott, M. N., Weech-Maldonado, R., Spritzer, K.L., & Hays, R. D. (2001). Differences in CAHPS® adult survey ratings and reports by race and ethnicity: An analysis of the National CAHPS® Benchmarking Data 1.0. Health Services Research, 36, 595-617.
- Marshall, G. N., Morales, L. S., Elliott, M., Spritzer, K., & Hays, R. D. (2001). Confirmatory factor analysis of the Consumer Assessment of Health Plans Study (CAHPS) 1.0 core survey. Psychological Assessment, 13, 216-229.

References (2 of 2)



- Weech-Maldonado, R., Morales, L. S., Spritzer, K., Elliott, M., & Hays, R. D. (2001). Racial and ethnic differences in parents' assessments of pediatric care in Medicaid managed care. <u>Health Services Research</u>, 36, 575-594.
- Weech-Maldonado, R., Morales, L. S., Elliott, M., Spritzer, K. L., Marshall, G., & Hays, R. D. (2003). Race/ethnicity, language and patients' assessments of care in Medicaid managed care. Health Services Research., 38, 789-808.
- Morales, L. S., Weech-Maldonado, R., Elliott, M. N., Weidmer, B., & Hays, R. D. (2003). Psychometric properties of the Spanish Consumer Assessment of Health Plans Survey (CAHPS). <u>Hispanic Journal of Behavioral Sciences</u>., 25 (3), 386-409.
- Haviland, M. G., Morales, L. S., Reise, S. P., & Hays, R. D. (2003). Do health care ratings differ by race/ethnicity? <u>The Joint</u> <u>Commission Journal on Quality and Safety</u>, 29, 134-145.
- Weech-Maldonado, R., Elliott, M., Morales, L. S., Spritzer, K. L., Marshall, G., & Hays, R. D. (2004). Health plan effects on patient assessments of Medicaid managed care among racial/ethnic minorities. Journal of General Internal Medicine., 19, 136-145.



Questions?



http://www.chime.ucla.edu/measurement/measurement.htm



